



The ARAMARK Tower  
1101 Market Street  
Philadelphia, Pennsylvania 19107-2994

BERNARD BRUNWASSER  
Commissioner

March 29, 2010

Desiree Henning-Dudley  
Pennsylvania Department of Environmental Protection  
Southeast Regional Office (SERO)  
2 East Main Street  
Norristown, PA 19401

Dear Desiree:

Please find attached the Philadelphia Water Department's application for renewal of the City's Municipal Separate Storm Sewer System (MS4) Permit, currently NPDES Permit No. PA0054712. Based on the description in Federal Register FRL-5533-7, "Interpretive Policy Memorandum on Reapplication Requirements for Municipal Separate Storm Sewer Systems," we have identified proposed changes and improvements to the current storm water management program and monitoring activities for adoption during the next permit term. Enclosed with this submission we have provided a copy of the current permit language with proposed changes marked directly on it. As you will see, there are many proposed changes to the existing permit language. Many of our proposed changes reflect the completion of baseline data gathering and evolution of our program to the implementation and monitoring phase.

We also plan to modify the City's list of permitted outfalls, as we have recently retained ownership of the stormwater outfalls in the Navy Yard. We will provide DEP with an updated listing of all stormwater outfalls that meet the 36 inch guideline to be permitted.

As has been discussed periodically over the last few months, PWD is requesting a postponement of the issuance of the next MS4 permit in order to align the permit period to coincide with the issuance of renewed Philadelphia NPDES permits PA0026662, PA0026671, and PA0026689. We believe that matching up the MS4 permit and the CSO/Plant permits will help us to better implement a comprehensive Wet Weather Program. If the proposed permit issuance postponement is approved, Philadelphia will continue to implement the current MS4 permit commitments until the new permit is drafted and adopted.

We would like to plan for future meetings between our organizations to guide the drafting of the permit language and the organization of the permit.

Thank you,  
Melanie Garrow

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DEP-SOUTHEAST  
10 MAR 29 PM 3:25

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATERSHED MANAGEMENT

## INDIVIDUAL PERMIT APPLICATION RENEWAL

### FOR STORMWATER DISCHARGES FROM LARGE (SERVING POPULATIONS > 100,000) MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

#### APPLICANT'S ✓ CHECKLIST

Please check the following list to make sure that you have included all the required information. Place a checkmark in the column provided for all items provided. Include this checklist with your Application. (Form 3900-PM-WM0100k).

Failure to provide all of the requested information will delay the processing of the Application and may result in the Application being placed **ON HOLD** or **NO ACTION**, or will be considered withdrawn and the file closed.

	Item	Check if Included
1.	Individual Permit Application	<input checked="" type="checkbox"/>
2.	Completed General Information Form (GIF) (8000-PM-IT0001 Rev. 06/07/2002)	<input checked="" type="checkbox"/>
3.	Copy of the "Fourth Year Annual Report" NOTE: If a dated copy of the "Fourth Year Annual Report" has already been submitted to the Department, check here: <input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Act 14 notice and supporting newspaper publication (for non-municipal entities only)	<input type="checkbox"/>
5.	Copy of County's Letter of Intent/Request for Act 167 funding, if applicable.	<input type="checkbox"/>
6.	Map of Watershed, if applicable	<input checked="" type="checkbox"/>
7.	Filing fee. (Check for \$500.00 dated within 10 days of Application submittal date)	<input checked="" type="checkbox"/>



**COMMONWEALTH OF PENNSYLVANIA**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION**

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department.

Related ID#s (If Known)		<b>DEP USE ONLY</b> Date Received & General Notes
Client ID# 257214	APS ID# 717216	
Site ID# 457092	Auth ID# 829190	
Facility ID#		

**CLIENT INFORMATION**

DEP Client ID# 78267	Client Type / Code MUNI			
Organization Name or Registered Fictitious Name City of Philadelphia – Water Department		Employer ID# (EIN) 23-6003047	Dun & Bradstreet ID#	
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1 ARAMARK Tower		Mailing Address Line 2 1101 Market Street, 5 <sup>th</sup> Floor.		
Address Last Line – City Philadelphia	State PA	ZIP+4 19107-2994	Country USA	
Client Contact Last Name Katz	First Name David	MI	Suffix	
Client Contact Title Deputy Commissioner of Environmental Policy and Planning		Phone (215) 685-6118	Ext	
Email Address david.katz@phila.gov		FAX (215) 685-4915		

**SITE INFORMATION**

DEP Site ID#	Site Name Philadelphia's MS4 system			
EPA ID#	Estimated Number of Employees to be Present at Site			
Description of Site				
County Name Philadelphia	Municipality Philadelphia	City <input checked="" type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input type="checkbox"/>
County Name	Municipality	City <input type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input type="checkbox"/>
Site Location Line 1		Site Location Line 2		
Site Location Last Line – City		State	ZIP+4	
Detailed Written Directions to Site				
Site Contact Last Name	First Name	MI	Suffix	
Site Contact Title		Site Contact Firm		
Mailing Address Line 1		Mailing Address Line 2		
Mailing Address Last Line – City		State	ZIP+4	
Phone	Ext	FAX	Email Address	

NAICS Codes (Two- &amp; Three-Digit Codes - List All That Apply)

6-Digit Code (Optional)

Client to Site Relationship  
OWNOP**FACILITY INFORMATION****Modification of Existing Facility**

- |  |                              |  |
|--|------------------------------|--|
| 1. Will this project modify an existing facility, system, or activity?                 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Will this project involve an addition to an existing facility, system, or activity? | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    |
- If "Yes", check all relevant facility types and provide DEP facility identification numbers below.

Facility Type	DEP Fac ID#	Facility Type	DEP Fac ID#
<input type="checkbox"/> Air Emission Plant		<input type="checkbox"/> Industrial Minerals Mining Operation	
<input type="checkbox"/> Beneficial Use (water)		<input type="checkbox"/> Laboratory Location	
<input type="checkbox"/> Blasting Operation		<input type="checkbox"/> Land Recycling Cleanup Location	
<input type="checkbox"/> Captive Hazardous Waste Operation		<input type="checkbox"/> Mine Drainage Trmt/Land Recy Proj Location	
<input type="checkbox"/> Coal Ash Beneficial Use Operation		<input type="checkbox"/> Municipal Waste Operation	
<input type="checkbox"/> Coal Mining Operation		<input type="checkbox"/> Oil & Gas Encroachment Location	
<input type="checkbox"/> Coal Pillar Location		<input type="checkbox"/> Oil & Gas Location	
<input type="checkbox"/> Commercial Hazardous Waste Operation		<input type="checkbox"/> Oil & Gas Water Poll Control Facility	
<input type="checkbox"/> Dam Location		<input type="checkbox"/> Public Water Supply System	
<input type="checkbox"/> Deep Mine Safety Operation - Anthracite		<input type="checkbox"/> Radiation Facility	
<input type="checkbox"/> Deep Mine Safety Operation - Bituminous		<input type="checkbox"/> Residual Waste Operation	
<input type="checkbox"/> Deep Mine Safety Operation - Ind Minerals		<input type="checkbox"/> Storage Tank Location	
<input type="checkbox"/> Encroachment Location (water, wetland)		<input type="checkbox"/> Water Pollution Control Facility	
<input type="checkbox"/> Erosion & Sediment Control Facility		<input type="checkbox"/> Water Resources	
<input type="checkbox"/> Explosive Storage Location		<input type="checkbox"/> Other:	

Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

Horizontal Accuracy Measure Feet --or-- Meters

Horizontal Reference Datum Code ☐ North American Datum of 1927  
☐ North American Datum of 1983  
☐ World Geodetic System of 1984

Horizontal Collection Method Code

Reference Point Code

Altitude Feet --or-- Meters

Altitude Datum Name ☐ The National Geodetic Vertical Datum of 1929  
☐ The North American Vertical Datum of 1988 (NAVD88)

Altitude (Vertical) Location Datum Collection Method Code

Geometric Type Code

Data Collection Date

Source Map Scale Number Inch(es) = Feet  
--or-- Centimeter(s) = Meters**PROJECT INFORMATION**Project Name  
MS4 permitProject Description  
Updating of MS4 permit

Project Consultant Last Name First Name MI Suffix

Project Consultant Title Consulting Firm

Mailing Address Line 1 Mailing Address Line 2

Address Last Line - City State ZIP+4

Phone Ext FAX Email Address

Time Schedules	Project Milestone (Optional)

1. Is this application for an authorization type on the list of authorizations affected by the land use policy? ☐ Yes ☒ No  
 Note: If "Yes", you must complete the following Land Use Information section, unless exempted by Questions 2 or 3 below.  
 If "No", skip Questions 2 & 3 below as well as the following Land Use Information section.  
 For referenced list, see Appendix A attached to the GIF Instructions.
2. For an Air program authorization only. All other authorizations continue with Question 3 below. Will the permit authorize the construction of facilities outside an existing permitted area? ☐ Yes ☐ No  
 Note: If "Yes", you must complete the following Land Use Information section unless exempted by Question 3 below.  
 If "No", skip Question 3 below as well as the following Land Use Information section.
3. Have you attached or submitted municipal and county 'Early Opt Out' approval letters for the project? ☐ Yes ☐ No  
 Note: If "Yes" to Question 3, skip the following Land Use Information section. This should only be checked "Yes" if applicant is choosing the early opt-out option. Required approval letters described in the GIF Checklist and Instructions should be attached.  
 If "No" to Question 3, continue with the following Land Use Information section.

### LAND USE INFORMATION

**Note:** Applicants are encouraged to submit copies of local land use approvals or other evidence of compliance with local comprehensive plans and zoning ordinances.

1. Is there a municipal comprehensive plan(s)? ☐ Yes ☐ No
2. Is there a county comprehensive plan(s)? ☐ Yes ☐ No
3. Is there a multi-municipal or multi-county comprehensive plan? ☐ Yes ☐ No
4. Is the proposed project consistent with these plans? If no plan(s) exists, answer "Yes". ☐ Yes ☐ No
5. Is there a municipal zoning ordinance(s)? ☐ Yes ☐ No
6. Is there a joint municipal zoning ordinance(s)? ☐ Yes ☐ No
7. Will the proposed project require a zoning approval (e.g., special exception, conditional approval, re-zoning, variance)? If zoning approval has already been received, attach documentation. ☐ Yes ☐ No
8. Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding? ☐ Yes ☐ No
9. Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? ☐ Yes ☐ No
10. Will the project result in reclamation of abandoned mine lands through re-mining or as part of DEP's Reclaim PA Program? ☐ Yes ☐ No
11. Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement? ☐ Yes ☐ No
12. Will the project be located in a Keystone Opportunity Zone or Enterprise Development Area? ☐ Yes ☐ No
13. Will the project be located in a Designated Growth Area as defined by the Municipalities Planning Code? ☐ Yes ☐ No

## COORDINATION INFORMATION

**Note:** The PA Historical and Museum Commission must be notified of proposed projects in accordance with DEP Technical Guidance Document 012-0700-001 and the accompanying Cultural Resource Notice Form.

If the activity will be a mining project (i.e., mining of coal or industrial minerals, coal refuse disposal and/or the operation of a coal or industrial minerals preparation/processing facility), respond to questions 1.0 through 2.5 below.

If the activity will not be a mining project, skip questions 1.0 through 2.5 and begin with question 3.0.

1.0	Is this a coal mining project? If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0. (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.1	Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be equal to or greater than 200 tons/day? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.2	Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be greater than 50,000 tons/year? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.3	Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.4	For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.5	Will this coal mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? (DEP Use/3140)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.6	Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well? (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.0	Is this a non-coal (industrial minerals) mining project? If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0. (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.1	Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.2	Will this non-coal (industrial minerals) mining project involve the crushing and/or screening of sand and gravel with the exception of wet sand and gravel operations (screening only) and dry sand and gravel operations with a capacity of less than 150 tons/hour of unconsolidated materials? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.3	Will this non-coal (industrial minerals) mining project involve the construction, operation and/or modification of a portable non-metallic (i.e., non-coal) minerals processing plant under the authority of the General Permit for Portable Non-metallic Mineral Processing Plants (i.e., BAQ-PGPA/GP-3)? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.4	For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.5	Will this non-coal (industrial minerals) mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? (DEP Use/3140)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3.0	Will your project, activity, or authorization have anything to do with a well related to oil or gas production, site development for such activity, or the waste from such a well? If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0. (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3.1	Does the oil- or gas-related project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.2	Will the oil- or gas-related project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or storm water system? If "Yes", discuss in <i>Project Description</i> . (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.3	Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.0	Will the project involve a construction activity that results in earth disturbance? If "Yes", specify the total disturbed acreage. (DEP Use/4x66)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4.0.1	Total Disturbed Acreage				
5.0	Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4x66)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6.0	Will the project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system? If "Yes", discuss in <i>Project Description</i> . (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8.0	Will the project involve construction of sewage treatment facilities, sanitary sewers, or sewage pumping stations? If "Yes", indicate estimated proposed flow (gal/day). Also, discuss the sanitary sewer pipe sizes and the number of pumping stations/treatment facilities/name of downstream sewage facilities in the <i>Project Description</i> , where applicable. (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8.0.1	Estimated Proposed Flow (gal/day)				
9.0	Was sewage planning submitted and approved? If "Yes", attach the Act 537 approval letter unless the submitted application is actually requesting Act 537 approval (Approval required prior to 105/NPDES approval). (DEP Use/4x61)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
9.0.1	Is Act 537 Approval Letter attached?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10.0	Is this project for the beneficial use of biosolids for land application within Pennsylvania? If "Yes" indicate how much (i.e. gallons or dry tons per year). (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10.0.1	Gallons Per Year (residential septage)				
10.0.2	Dry Tons Per Year (biosolids)				
11.0	Does the project involve construction, modification or removal of a dam? If "Yes", identify the dam. (DEP Use/3140)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11.0.1	Dam Name				
12.0	Will the project interfere with the flow from, or otherwise impact, a dam? If "Yes", identify the dam. (DEP Use/3140)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12.0.1	Dam Name				
13.0	Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)? If "Yes", identify each type of emission followed by the amount of that emission. (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
13.0.1	Enter all types & amounts of emissions; separate each set with semicolons.				

14.0	Is an on-site drinking water supply (well), other than individual house wells, proposed for your project? If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14.0.1	Number of Persons Served				
14.0.2	Number of Employee/Guests				
14.0.3	Number of Connections				
14.0.4	Sub-Fac: Distribution System	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.5	Sub-Fac: Water Treatment Plant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.6	Sub-Fac: Source	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.7	Sub-Fac: Pump Station	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.8	Sub-Fac: Entry Point	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.9	Sub-Fac: Transmission Main	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.10	Sub-Fac: Storage Facility	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15.0	Will your project involve purchasing water in bulk, excluding during the construction period? If "Yes", name the provider. Also, indicate the daily number of employees or guests served. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
15.0.1	Provider's Name				
15.0.2	Number of Employees/Guests				
16.0	Is your project to be served by public water supply? If "Yes", indicate name of supplier and attach letter from supplier stating that it will serve the project. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
16.0.1	Supplier's Name				
16.0.2	Letter of Approval from Supplier is Attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.0	Will this project involve a new or increased drinking water withdrawal from a stream or other water body? If "Yes", provide name of stream. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
17.0.1	Stream Name				
18.0	Will the construction or operation of this project involve treatment, storage, reuse, or disposal of waste? If "Yes", indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed. (DEP/Use4x32)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18.0.1	Type & Amount				
19.0	Will your project involve the removal of coal, minerals, etc. as part of any earth disturbance activities? (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20.0	Does your project involve installation of a field constructed underground storage tank? If "Yes", list each Substance & its Capacity. <u>Note</u> : Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20.0.1	Enter all substances & capacity of each; separate each set with semicolons.				
21.0	Does your project involve installation of an aboveground storage tank greater than 21,000 gallons capacity at an existing facility? If "Yes", list each Substance & its Capacity. <u>Note</u> : Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
21.0.1	Enter all substances & capacity of each; separate each set with semicolons.				
22.0	Does your project involve installation of a tank greater than 1,100 gallons which will contain a highly hazardous substance as defined in DEP's Regulated Substances List, 2570-BK-DEP2724? If "Yes", list each Substance & its Capacity. <u>Note</u> : Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
22.0.1	Enter all substances & capacity of each; separate each set with semicolons.				



- 23.0 Does your project involve installation of a storage tank at a new facility with a total AST capacity greater than 21,000 gallons? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) ☐ Yes ☒ No
- 23.0.1 Enter all substances & capacity of each; separate each set with semicolons.

**CERTIFICATION**

I certify that I have the authority to submit this application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.

Type or Print Name David Katz

  
Signature

Deputy Commissioner of Environmental  
Policy and Planning

Title

3/26/10  
Date



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATERSHED MANAGEMENT

EXISTING NPDES PERMIT NUMBER

PA 0054712

## INDIVIDUAL PERMIT APPLICATION RENEWAL

FOR STORMWATER DISCHARGES FROM  
LARGE (SERVING POPULATIONS > 250,000)  
MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

- (1) Please read attached instructions carefully before completing this Application.
- (2) Municipalities are encouraged to submit this application jointly in conjunction with existing or proposed implementation of an Act 167 watershed stormwater management plan

A. MS4 Operator Information					
1.	Name of MS4 Operator: City of Philadelphia				
2.	Contact Person: David Katz				
3.	Title/Role: Deputy Commissioner of Environmental Policy and Planning				
4.	Division: Department: Water Department				
5.	Phone Number: (215) 685-6118 Fax: (215) 685-4915				
6.	E-mail: david.katz@phila.gov				
7.	Mailing Address: <table border="1"><tr><td>Address Line 1: Aramark Tower, 1101 Market Street</td></tr><tr><td>Address Line 2: 5<sup>th</sup> Floor</td></tr><tr><td>City: Philadelphia, PA</td></tr><tr><td>Zip Code: 19107</td></tr></table>	Address Line 1: Aramark Tower, 1101 Market Street	Address Line 2: 5 <sup>th</sup> Floor	City: Philadelphia, PA	Zip Code: 19107
Address Line 1: Aramark Tower, 1101 Market Street					
Address Line 2: 5 <sup>th</sup> Floor					
City: Philadelphia, PA					
Zip Code: 19107					
B. Stormwater Management Plan Under Act 167					
1.	Is this application being made jointly with other municipalities in conjunction with implementation of an existing or proposed Stormwater Management Plan (or plan update) under Act 167? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", please complete the information in a - d below				
a.	Name of Act 167 watershed(s): N/A				
b.	Name of County(ies): N/A				
c.	Status of existing Act 167 planning and implementation for the relevant watershed(s): N/A  <i>NOTE: MS4s must submit a "letter of intent" from the relevant county(ies) indicating the county commitment to proceed with Act 167 planning (or an update thereof) for the watershed</i>				

d. List of co-applicants (each co-applicant must complete an application): N/A

**C. Other Multi-Municipal Joint Application**

1. Is this application being made jointly with other municipalities in a common watershed other than under an Act 167 approach? ☐ Yes ☒ No  
If "Yes", please complete the information below

a. Name of Watershed(s): (attach map) N/A

b. Status of joint municipal planning for the relevant watershed(s): N/A

c. List of co-applicants and contact persons (each co-applicant must complete an application): N/A

**D. MS4 Location Information**

1. Urbanized Area Name: Philadelphia (NE), Philadelphia (NW), Philadelphia (SE), Philadelphia (SW) UA #: 12, 13, 14, 15

2. Status of MS4 Operator: ☐ FEDERAL ☐ STATE ☒ PUBLIC ☐ PRIVATE ☐ OTHER  
If private or other, please include Name:

**E. Description of Receiving Waters (refer to the instructions for more information).**

List water bodies into which MS4(s) discharges, and their classification(s)

Name of Waterbody	Designated Uses	Existing Uses	303(d) Listed? (Y/N)	TMDL Parameter(s)
Wissahickon Creek	TSF, MF for areas: Basin	same as designated use	Y	<b>Category:</b> POINT SOURCE, NONPOINT SOURCE, <b>Cause:</b> Nutrients, Cause Unknown, Siltation
Pennypack Creek	TSF, MF for areas: Basin, Source to US 13 Bridge; WWF, MF for areas: Non-Tidal Portions of Basin, US 13 Bridge to Mouth	same as designated use	Y	<b>Category:</b> POINT SOURCE <b>Cause:</b> Organic Enrichment/Low D.O., Pathogens, Priority Organics

Poquessing Creek	WWF, MF for areas: Non-Tidal Portions of Basin, Source to Mouth	same as designated use	Y	<b>Category:</b> Fish Consumption, <b>Cause:</b> PCB
Delaware River	WWF (Maintenance Only); MF (Passage Only); Delete WC; See DRBC regulations—Water Quality Zone 3 for areas: Tidal Portions of Basin, RM 108.4 to Big Timber Creek (NJ); WWF (Maintenance Only); MF (Passage Only); N Delete WC, PWS, LWS and IRS; See DRBC regulations—Water Quality Zone 4 for areas: Tidal Portions of Basin, Big Timber Creek (NJ) to Philadelphia-Delaware County Border	same as designated use	Y	<b>Category:</b> Fish Consumption, <b>Cause:</b> PCB, Priority Organics
Schuylkill River	WWF, MF for areas: Main Stem, Little Schuylkill River to Head of Tide	same as designated use	Y	<b>Category:</b> Fish Consumption, <b>Cause:</b> PCB
Tacony Creek	WWF, MF for areas: Basin	same as designated use	Y	<b>Category:</b> Fish Consumption, <b>Cause:</b> PCB
Cobbs Creek	WWF, MF for areas: Non-Tidal Portions of Basin	same as designated use	Y	<b>Category:</b> NONPOINT SOURCE <b>Cause:</b> Cause Unknown, Siltation

**F. Interconnected MS4(s)**

1. List of Downstream MS4s - Name(s) of MS4(s) into which this MS4 directly discharges:


2. List of Upstream MS4s - Name(s) of MS4(s) which directly discharge into this MS4:


**G. Stormwater Management Program**

MS4 operators must submit a copy of their Fourth Year Annual Report with this application. In addition to the Fourth Year Annual Report, please provide a response to the following questions:

1. Recommended changes to your stormwater management program - Is the applicant proposing any changes, additions or improvements to the existing Stormwater Management Program and monitoring activities that will be implemented as part of the upcoming 5-year permit?

Please see attached revised permit outline for proposed changes

2. Un-identified water bodies - Have any previously un-identified water bodies been identified as receiving discharges from the MS4 system?

N/A

3. Additional water bodies - If additional water bodies have been identified as receiving discharges from the MS4 system, please provide a summary of any known water quality impacts on the newly identified receiving stream.

N/A

### H. Compliance History Review

Is/was applicant in violation of any of DEP's permits issued by DEP, or any orders, regulations or schedules of compliance?

Yes ☐ No ☒

If yes, list each permit, order, regulation or schedule that is/was in violation and provide compliance status of the permitted activity (use additional sheets to provide information on all permits).

Brief Description of Non-Compliance:

Steps Taken to Return to Compliance and Dates Compliance Achieved:

### I. Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

DAVID A. KATZ DEPUTY WATER Commissioner ENV. Policy Planning  
Name and official title: (Use corporate or professional seal as appropriate)

Signature: [Signature] Date Signed: 3/26/10

Sworn and subscribed to before me, this 26th day of March, 2010.

[Signature]

My commission expires \_\_\_\_\_  
Notary Public  
COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Betty L. Addison, Notary Public  
City of Philadelphia, Philadelphia County  
My Commission Expires Oct. 19, 2010  
Member, Pennsylvania Association of Notaries

(Notary Public Seal and Stamp)

# 434 Outfalls referred to in Philadelphia's 2005 MS4 Permit



